



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 83190-4	2. EPA Product Manager J. Hardy	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Blue Water Algaecide	PM# 34	
5. Name and Address of Applicant (Include ZIP Code) Bluewater Chemgroup, Inc. P.O. Box 11384 Fort Wayne, In 46857 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of notification to provide for state-specific (NY) use restriction.

This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the Confidential Statement of Formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA, and further understands that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 5 fl oz to 5 gal		5. Location of Label Directions <input checked="" type="checkbox"/> on label	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled				<input type="checkbox"/> Other _____	

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Rebecca M. Horton		Title Consultant/Agent	
		Telephone No. (Include Area Code) 540-375-8826	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature Digitally signed by Rebecca Horton DN: cn=Rebecca Horton, o=Registrations by Design, Inc., ou, email=hortonb@ntelos.net, c=US Date: 2018.12.26 11:24:25 -05'00'		3. Title Consultant/Agent	
4. Typed Name Rebecca M. Horton		5. Date Dec. 26, 2018	